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CONFIRMATION NO. 7081

<b>SERIAL NUMBER</b> 10/607,878	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> 064693-0070	
<b>APPLICANTS</b> Ramez E.N. Shehada, La Mirada, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/392,343 06/28/2002 <i>HA</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/22/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>ETJ</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MCDERMOTT, WILL & EMERY Suite 3400 2049 Century Park East Los Angeles, CA90067					
<b>TITLE</b> Scanning devices for three-dimensional ultrasound mammography					
<b>FILING FEE RECEIVED</b> 617	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		